



PROJECT ID# _____

Grove City Planning Commission

PRELIMINARY DEVELOPMENT PLAN APPLICATION

Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT
4035 BROADWAY
GROVE CITY, OHIO 43123
614-277-3004

grovecityohio.gov/development

PROJECT / PROPERTY INFORMATION

PROJECT NAME: Trail View Run

PROJECT LOCATION: 1421 Borrow Rd. & 1399 Borror Rd.
STREET ADDRESS OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION

PARCEL ID NUMBER: 160-000063-00 & 160-000187-00 ACREAGE AFFECTED BY THIS APPLICATION: 46.05

EXISTING ZONING: RA EXISTING LAND USE: Agriculture

PROPOSED ZONING: PUDR PROPOSED LAND USE: Residential & Parkland

PROPERTY OWNER INFORMATION

Note: Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.

Mildred A. Christian 1421 Borror Rd. Grove City, OH 43123
Name Address City, State, Zip

Phone _____ Fax _____ Email _____

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application.

Karl Billisits Managing Partner Harmony Development Group
Name Title Company / Organization

3650 Olentangy River Rd., Ste. 401 Columbus Ohio, 43214
Address City State, Zip

614-774-0320 KBillisits@harmonydg.com
Phone Fax Email

AUTHORIZED REPRESENTATIVE

Check box if same as Applicant ☐

Note: The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The City does not take any responsibility for the lack of communication between the authorized representative, applicant or related parties.

Karl Billisits
Name Title Company / Organization

Address City State, Zip

Phone Fax Email

Relationship to the Applicant: (e.g. legal counsel, engineer, architect, land planner, contractor, etc.) _____

SUBMITTAL REQUIREMENTS

Instructions: All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The Engineering Review Fee is calculated in accordance with the City's Fee Recovery Policy. The submittal shall include the required number of copies (properly folded and collated) and contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

Fee Calculation

Application Fee: \$ 150.00
Engineering Review Fee: + \$ 2640.00

Revised 11/15

15 X 96 = 1440 \$2790.00
+ 1200

Submittal Items

(check box)

Total Submittal Fee: = \$ _____

Completed Application (signed and notarized): ☐
Submittal Fee (including engineer review fee): ☐

Ten (10) Copies of Plans (folded and collated): ☐

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I _____, the current property owner hereby authorize the applicant _____ to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

Signature of Current Property Owner: _____ Date: _____

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Official Seal and Signature of Notary Public

Applicant's / Authorized Representative's Affidavit

K. B. Blissett, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: [Signature] Date: 3/20/16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 28th day of March, 2016.

[Signature]

Official Seal and Signature of Notary Public



Cassandra Canterbury
Notary Public, State of Ohio
My Commission Expires 03-12-2017

FOR OFFICE USE ONLY

DATE RECEIVED:	RECEIVED BY:	PAYMENT AMOUNT:
ESTIMATIVE PC MEETING DATE:	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER:	CITY'S REVIEW ENGINEER:	